

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APP

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.			* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2		1					52							
3		2					53							
4		2					54							
5		2					55							
6		(1)					56							
7		(1)					57							
8	1						58							
9		1					59							
10		2					60							
11							61							
12							62							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL	2						TOTAL							
TOTAL	12						IND.							
TOTAL							DEP.							
TOTAL							CLAIMS							